

APPLICATION FOR ENDORSEMENT OR ENDORSEMENT PLAN (SAEP)

Microsoft Certified Professional (MCP) Endorsement

This endorsement only attaches to Secondary Licenses, CTE Licenses or CTE/APP Licenses
Documentation must be attached to verify applicable course work and requirements

Last Name	First Name	Middle Name	Date	CACTUS ID #
Home Address			City	State
			Zip	Work Phone ()
Email Address				Home Phone ()
Current Teaching/License Status				
<input type="checkbox"/> Not Teaching OR Teaching at: (School)_____ (District)_____				
Educator License(s) held: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career & Technical (CTE) <input type="checkbox"/> CTE/APP				
Check only one	<input type="checkbox"/> I am requesting the Microsoft Certified Professional endorsement. All course work and requirements have been completed and the appropriate documentation is attached. An endorsement evaluation fee of \$40.00 is enclosed.			
	<input type="checkbox"/> I am submitting a plan (SAEP) for the Microsoft Certified Professional endorsement. Course work and requirements will be completed within the timeframe identified in the plan (one year). An endorsement evaluation fee of \$40.00, paid by my School District , is enclosed.			

OR

This endorsement authorizes the instructor to teach the following approved Information Technology courses:
Microsoft Certified Professional (MCP), Network+

Course Work			
Required	Verification of 40 hours of a Microsoft Certified Professional workshop, 3.0 credits for a Microsoft Certified Professional class, or 2 years of Microsoft Certified Professional work experience. (minimum requirement for SAEP)		Date Completed
	Verification of or plan for a passing score on the Microsoft Certified Professional exam.	Date to be Completed	Date Completed
	Portfolio of one original unit of instruction that could be used in teaching a MCP class (include: standards and objectives, presentations, handouts, activities, labs, rubrics, quizzes, tests, projects, etc.)	Date to be Completed	Date Completed

Signature of Applicant	Date
X	
Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752 \$40.00 Endorsement Fee or \$40.00 SAEP fee must be included with this application	

----- **Information below to be completed by USOE personnel** -----

Endorsement Recommended	Microsoft Certified Professional	SAEP Approved for one year
		CTE Specialist Signature _____ Date _____
		Endorsement Awarded
		CTE Specialist Signature _____ Date _____